

FIG. 1

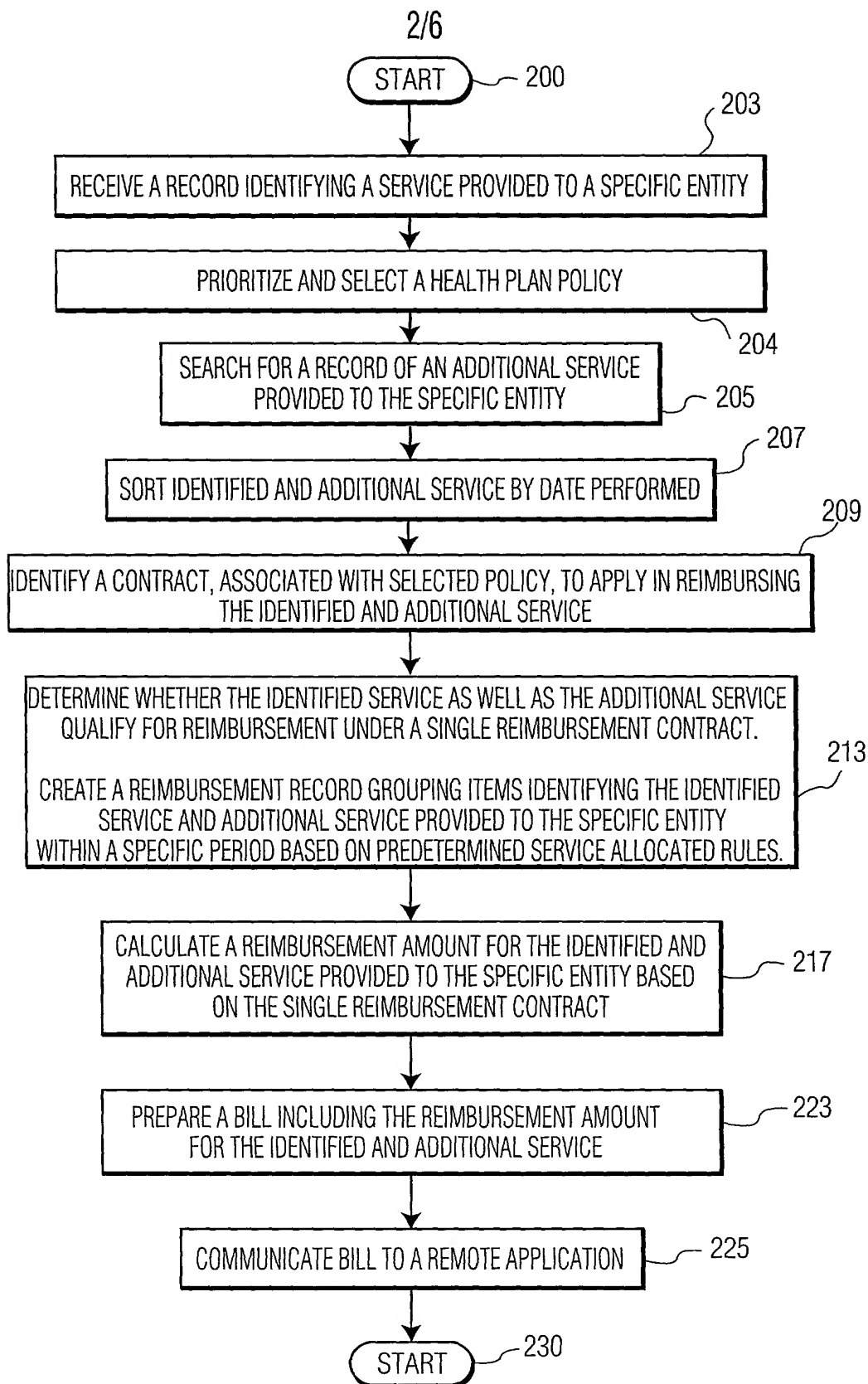


FIG. 2

300

305

TOOLBAR 1

TOOLBAR 2

PATIENT: JONES CONTRACT-HEALTH INS. CO. ID 76692

SERVICE	CHARGE AMOUNT	DATE
17 LAB	432:00	06/01/01
19 XRAY	219:00	06/01/01
21 ROOM1	495:00	06/03/01
<u>TOTAL</u>	<u>1146:00</u>	

FIG. 3

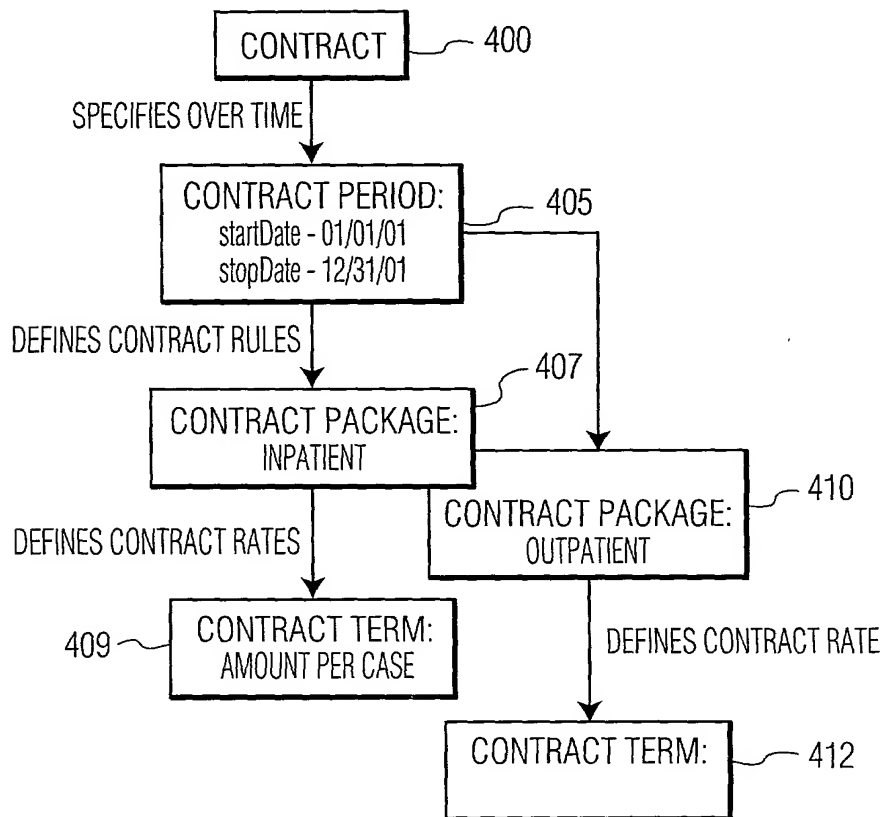


FIG. 4

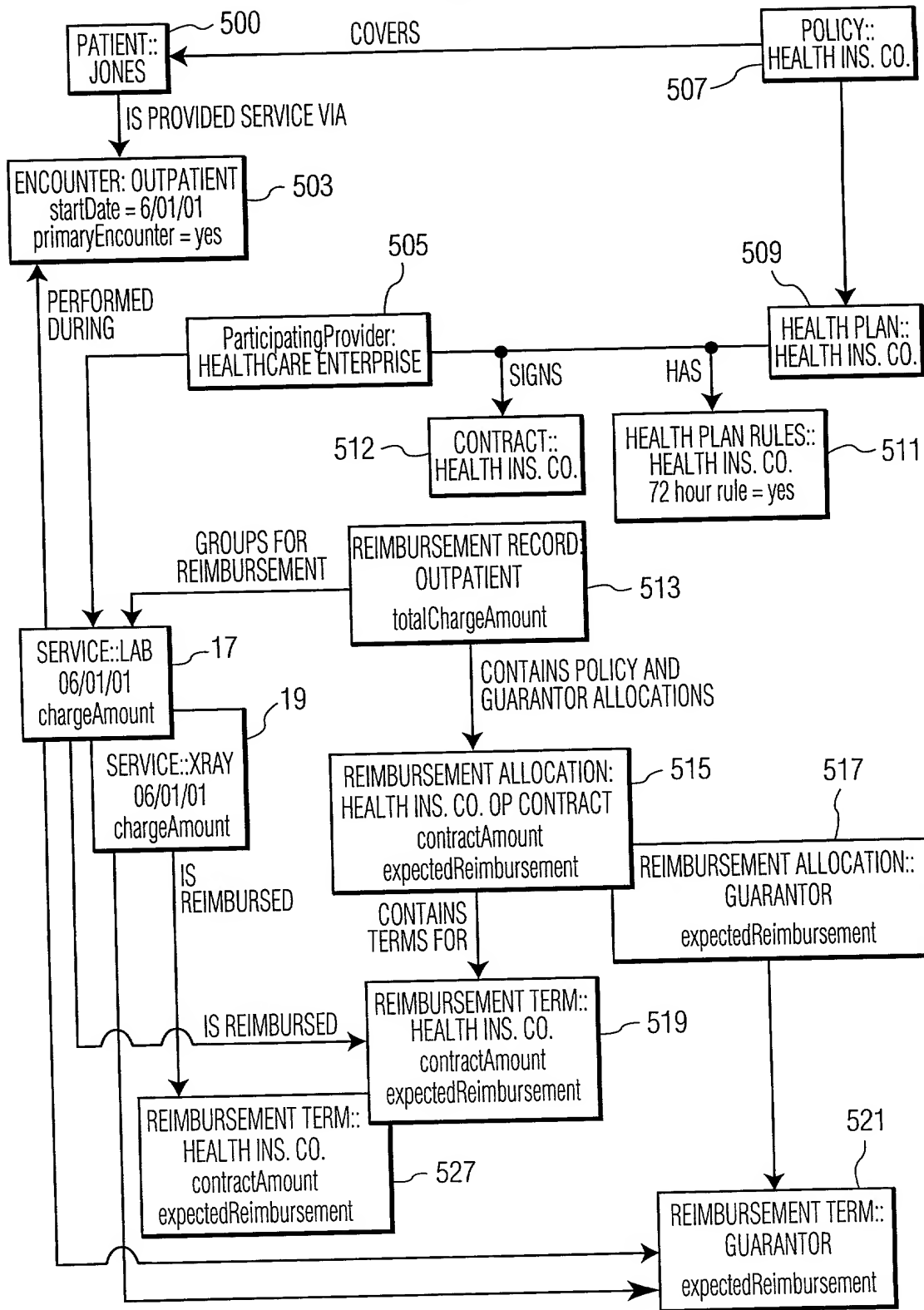


FIG. 5

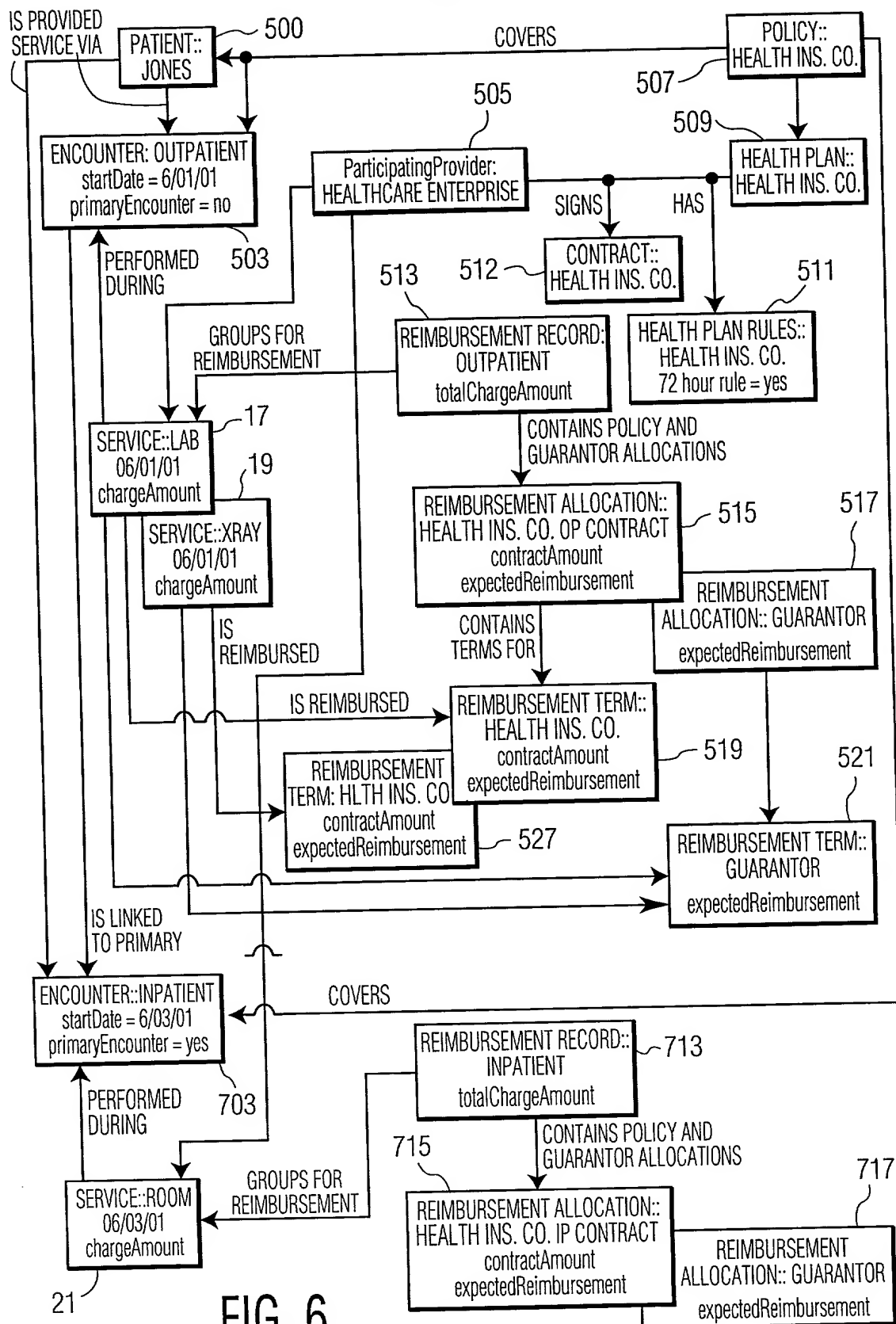


FIG. 6

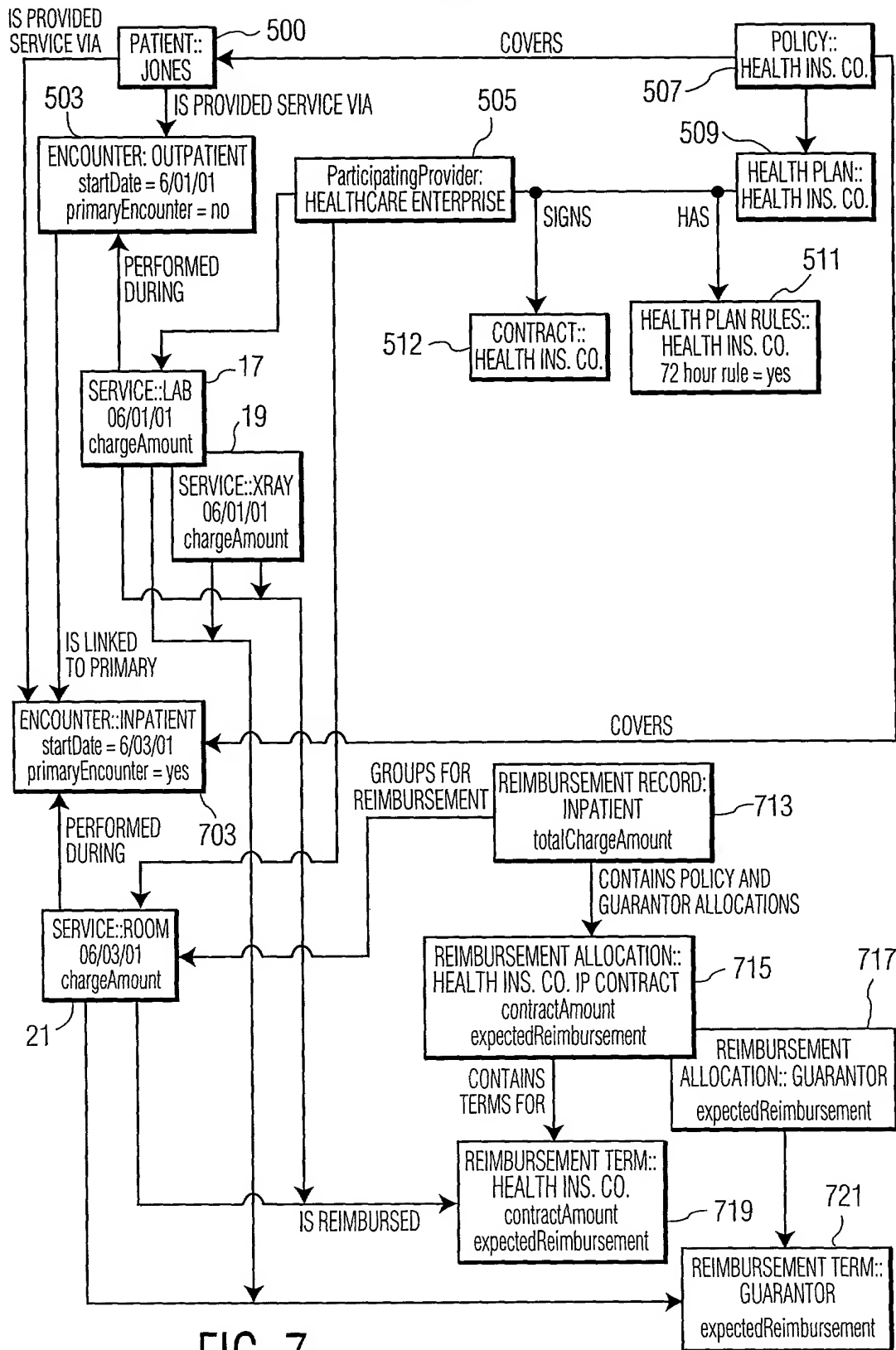


FIG. 7